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| Case Number: | CM15-0181492 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 4, 2014. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for 18 sessions of physical therapy for the neck. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported multifocal complaints of headaches, neck pain, back pain, shoulder pain, and upper extremity pain with derivative complaints of psychological stress, anxiety, depression, and insomnia. The applicant was off of work and had not worked in over 6 months, it was reported. The applicant was placed off of work, on total temporary disability, while additional physical therapy was sought. It was suggested that the applicant had transferred care to a new primary treating provider (PTP). On June 12, 2015, the applicant was placed off of work, seemingly owing to issues with psychological stress.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy to neck 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 18 sessions of physical therapy for the neck was not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, it was reported on August 12, 2015. Multifocal pain complaints were still evident on that date. The applicant remained dependent on a variety of analgesic medications to include Motrin and Pamelor, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request, August 12, 2015. Therefore, the request for an additional 18 sessions of physical therapy is not medically necessary.